

## PART B—ISSUE FEE TRANSMITTAL

142-1290  
561-60.00

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1. CORRESPONDENCE ADDRESS  
E3M1/1120  
THOMAS J. ROSSA  
TRASK BRITT AND ROSSA  
PO BOX 2550  
SALT LAKE CITY UT 84110

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
INVENTOR'S NAME	
Street Address	RECEIVED
City, State and Zip Code	Publishing Division
CO-INVENTOR'S NAME	FEB 20 1997
Street Address	06
City, State and Zip Code	
<input type="checkbox"/> Check if additional changes are enclosed	

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/593,802	01/30/96	013	REICHARD, L	3302 11/20/96
First Named Applicant: WATTERSON, SCOTT R.				

TITLE OF INVENTION: REORIENTING TREADMILL WITH LIFT ASSISTANCE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 2783	482-054.000	G63	UTILITY	NO	\$1290.00	02/20/97

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 TRASK, BRITT & ROSSA

2

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: ICON Health & Fitness, Inc.

(2) ADDRESS: (CITY & STATE OR COUNTRY) Logan, Utah

6a. The following fees are enclosed:

☒ Issue Fee ☒ Advance Order - # of Copies 20

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the issue fee to the application identified above.

Authorized Signature

(Date) 19 46 1997

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200 PL 03/14/97 0859380  
1 147 1,290.00 LR  
1 000 21.00 CR

EM328717222US

on: February 19, 1997

(Date)

Timothy W. Ricks

(Name of person making deposit)

(Signature)

(Date)

1. TRANSMIT THIS FORM WITH FEE

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